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KENTUCKY LEGISLATIVE ETHICS COMMISSION

FFR 1 4 202

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STATEMENT OF FINANCIAL DISCLOSURE (KRS 6.787) To be filed by: All members of the General Assembly, all candidates and nominees for z	lection to the
To be filed by: All members of the General Assembly, all Educations and response of state of General Assembly, and major management personnel in the legislative branch of state of General Assembly, and major management personnel in the legislative branch of state of General Assembly, and major management personnel in the legislative branch of state of General Assembly, and major management personnel in the legislative branch of state of General Assembly, and major management personnel in the legislative branch of state of General Assembly, and major management personnel in the legislative branch of state of General Assembly, and major management personnel in the legislative branch of state of General Assembly, and major management personnel in the legislative branch of State of General Assembly, and major management personnel in the legislative branch of State of General Assembly, and major management personnel in the legislative branch of State of General Assembly, and major management personnel in the legislative branch of General Assembly and General Assembly a	governmeni
☐ Check here and attach additional sheets if necessary Number of sheets : 1	
Please include the following information for the preceding calendar	r year:
Name Gwendalyn F. Mischell Business address	<u> </u>
- 1-1-1-10 000 79/ 1-32//	111.501
~~ 1.1 1.6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6	10.356_ District
Title of public position, or office sought State Representatives 3943 Other occupations of filer Professional Cone. Dide	
Occupations of spouse ///A	7
•	
NOTE: The following sections do not require disclosure of specific dollar amount	ints.
1. Positions held by filer in any business, partnership, corporation for profit corporation not for profit from which the filer receives compensation, and it	, or he name of the
business, partnership, or corporation Com Boxt CEEPENS 1910 Gorden Springs Dr. Suite 260, Kesongton, ICI,	1 40504
	+
2. Positions held by filer's spouse in any business, partnership, corporation corporation not for profit from which the filer's spouse receives compense name of the business, partnership, or corporation W/A	for profit, or ion, and the
name of the ottamoss, partition in the contract of the contrac	
The state of the s	4 - 44 4 5 7 6 7 6
3. Names and addresses of all businesses, investments, or securities in what filer's spouse, or filer's minor children had at any time during the reporting interest of \$10,000 at fair market value, or 5% ownership interest or more. **DIA**	year arr

Social Security	
Solvy From Comfort CEEPERS Social Security	
5. Sources and form of gross income of the filer's spouse	(list sources by name)
6. Positions of a fiduciary nature held by the filer in a bus	
N/A	
7. A designation as commercial, residential, or rural, and	the location of all real property
other than the filer's primary residence, in which there is	an interest of \$10,000 or more
other than the filer's primary residence, in which there is	an interest of \$10,000 or more
other than the filer's primary residence, in which there is	an interest of \$10,000 or more

ly, or household purposes)	
V	:
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The name of any legislative agent who is:	
(a) A member of the filer's immediate family;	,
 (c) An officer or director of the filer's employer; (d) An employer of the filer or an employer of a member family; (e) A business associate of the filer or a business associate 	
(d) An employer of the filer or an employer of a memoer	
(d) An employer of the filer or an employer of a memoer family; (e) A business associate of the filer or a business associate filer's immediate family	
(d) An employer of the filer or an employer of a memoer family; (e) A business associate of the filer or a business associate filer's immediate family	te of a member of the
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(d) An employer of the filer or an employer of a memoer family; (e) A business associate of the filer or a business associate filer's immediate family (b) The names of any of the filer's clients who are legislative as	te of a member of the
(d) An employer of the filer or an employer of a memoer family; (e) A business associate of the filer or a business associate filer's immediate family (b) The names of any of the filer's clients who are legislative as	te of a member of the
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(d) An employer of the filer or an employer of a memoer family; (e) A business associate of the filer or a business associate filer's immediate family (b) The names of any of the filer's clients who are legislative as	te of a member of the

13. If yes, list the names of the clipartner made an appearance. The	ents represented and list the agencies before which the filer need not identify which client was represented
before a specific agency.	and the second of the second o
Clients	
N/A	
-3. *	
State Agency	
NA.	The second secon
The second secon	State Control of the
	, , , , , ,
2. Any person who fails to file a a deficiency identified by the Corto exceed \$100 per day up to a m	statement of financial disclosure or who fails to remedy mmission in a timely manner may be fined an amount not
misdemeanor.	integration and of guilty of a clare of
<u> 2////2022-</u> Date	Filer
Send completed statements to:	The Kentucky Legislative Ethics Commission 22 Mill Creek Park Frankfort, Kentucky 40601 FAX (502) 573-2929
If you have questions please call	us at (502) 573-2863.

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